

**Work Order ID 59786**

Friday, June 11, 2010 12:02:57 PM



Page 1

Item ID: D3874-1

Accept



Setup Start



Revision ID:

Item Name: Floor Protector

Stop



Start Date: 6/10/2010 Start Qty: 4.00



Cust Item ID:

Required Date: 6/18/2010 Req'd Qty: 4.00



Customer:

Reference:

Approvals:

Process Plan:

*RP*Date: 10-06-11

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop

Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

Draw Nbr	Revision Nbr
D3874	Rev A

100



HandThermo

Hand Finishing Thermoforming

Memo

0.00

0.00

0.00

*XY* *BB 10/06/15*

105



Dry Material

HandThermo

Hand Finishing Thermoforming

Memo

0.00

Dry Sheet as per QSI022 POLYCARBONATE

Temp: *240F BB*Time IN: *4:30 BB 10/06/14*Time OUT: *7:00 am 6h. 10/06/15*

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

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Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start



QC:

Date:

SPC (Y/N):

Date:

Stop

Sequence ID/  
Work Center ID

110



Thermoform

Thermoforming Machine

Operation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

0.00

Memo

0.00

1-Machine Set-Up  
2-Pre-heat Tool to required temp.  
3-Thermoform as per Dwg and Folio #FTA038 using tool DT9455  
Dwg Rev: AFolio Rev: A

120



QC

Quality Control

QC2- Inspect parts off machine FAI/FAIB

0.00

Memo

0.00

Visually inspect part for proper formation and texture

130



QC

Quality Control

QC8- Inspect parts - second check

0.00

Memo

0.00

(X) BB 10/06/15

(X) BB 10/06/15

84 Lh 10/06/2012

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

**Work Order ID 59786**

Friday, June 11, 2010 12:02:57 PM



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Item ID: D3874-1

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Setup Start



Revision ID:

Item Name: Floor Protector

Stop



Start Date: 6/10/2010 Start Qty: 4.00



Cust Item ID:

Required Date: 6/18/2010 Req'd Qty: 4.00



Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop

Sequence ID/  
Work Center ID

140



HandThermo

Hand Finishing Thermoforming

Operation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

0.00

Memo

0.00

1

1-Trim to finished dimensions as per Dwg

X43B 10/06/22

150



QC

Quality Control

QC2- Inspect parts off machine FAI/FAIB

0.00

Memo

0.00

Complete FAI document

X43B 10/06/22

160



QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

0.00

S 10/06/22

X43

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

**Work Order ID 59786**

Friday, June 11, 2010 12:02:57 PM



Page 4

**Item ID:** D3874-1

Accept



Setup Start

**Revision ID:****Item Name:** Floor Protector

Stop

**Start Date:** 6/10/2010 **Start Qty:** 4.00**Cust Item ID:****Required Date:** 6/18/2010 **Req'd Qty:** 4.00**Customer:****Reference:****Approvals:**

Process Plan:

Date:

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop

**Sequence ID/  
Work Center ID**

170

**Operation  
Description**

Identify as per dwg &amp; Stock Location:

**Set Up/  
Run Hours**

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

Packaging

Packaging

**Memo**

0.00

*10-6-23 QD SF*

180



QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

**Memo**

0.00

*10/06/23 QJ**110-08.23*

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

# Picklist Print

Friday, June 11, 2010 12:03:12 PM

Page 1

Work Order ID: 59786



Parent Item: D3874-1



Parent Item Name: Floor Protector

Start Date: 6/10/2010

Required Date: 6/18/2010

Comments: IPP Rev A 09.02.06 New Issue DL  
Add Step 105 Dry Material 10/04/21 DL

IPP Rev B

Start Qty: 4.00

Required Qty: 4.00

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch Purchased	Bin Item No	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MLEXS.118-90318-08						100	sf	2,598.510	4.38	17.52			

Lexan Sheet

Location

therm

113127

Loc Qty

2598.51  
2598.51

Loc Code

==== (X4) BB 10/06/14

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_  
 Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

DART AEROSPACE LTD	Work Order:	59784
Description: Floor Protector	Part Number:	D3874-1
Inspection Dwg: D3874 Rev: A		Page 1 of 1

# FIRST ARTICLE INSPECTION CHECKLIST

## X First Article      Prototype

## **THERMOFORMING SECTION**

Description	Accept	Reject	Method of Inspection	Comments
Inside Radii less than _____"	✓			
Shape Definition	✓			
Texture Retention	✓			
Material imperfections such as bumps, cracks, voids, scratching	✓			

---

**Measured by**

18

**Date:**

10/06/21

## TRIMMING SECTION

**Measured by:**

卷之三

Date:

10/06/23

**Audited by:**

143

Date:

10/19/21

### Prototype Approval:

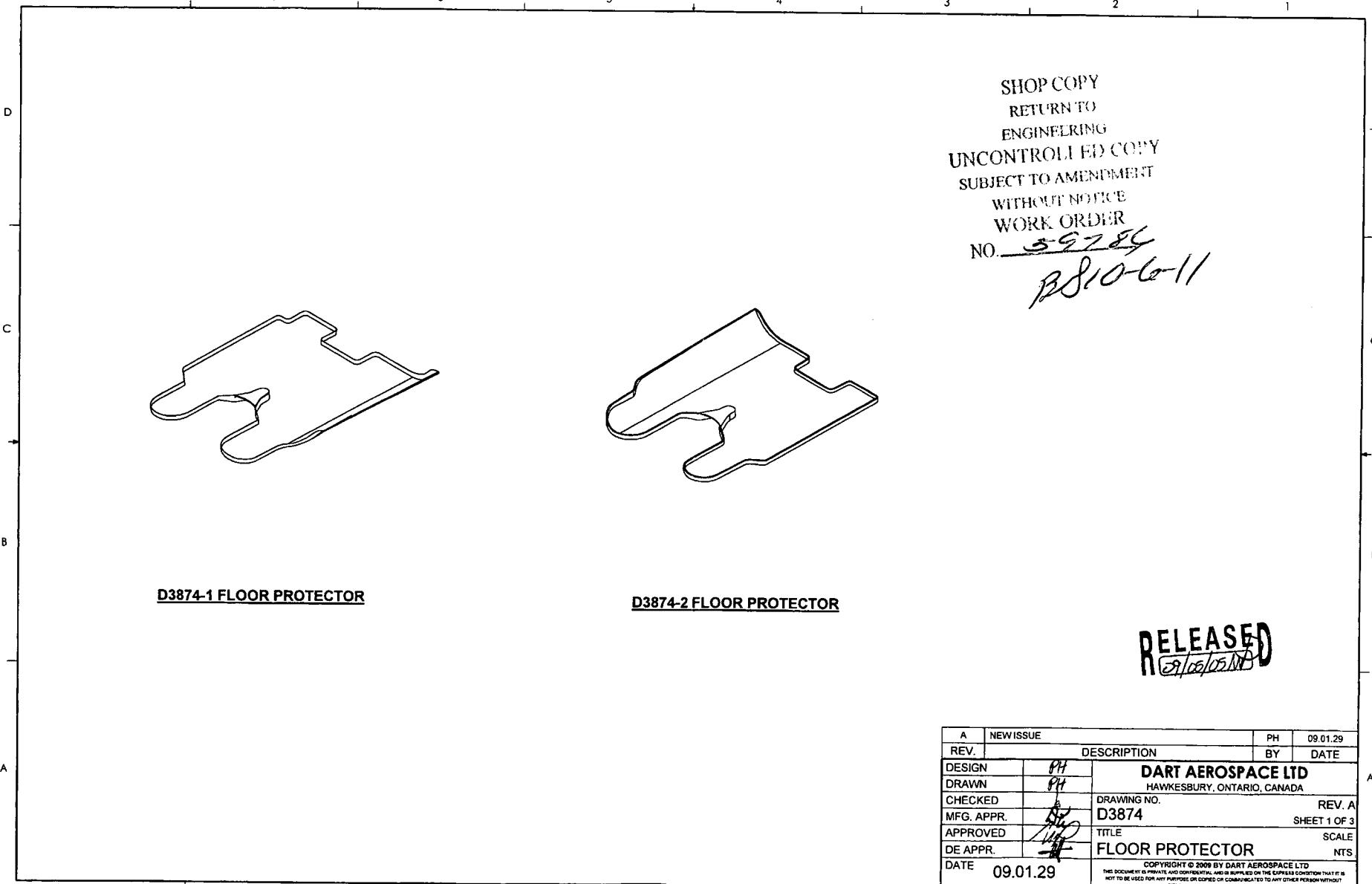
NA

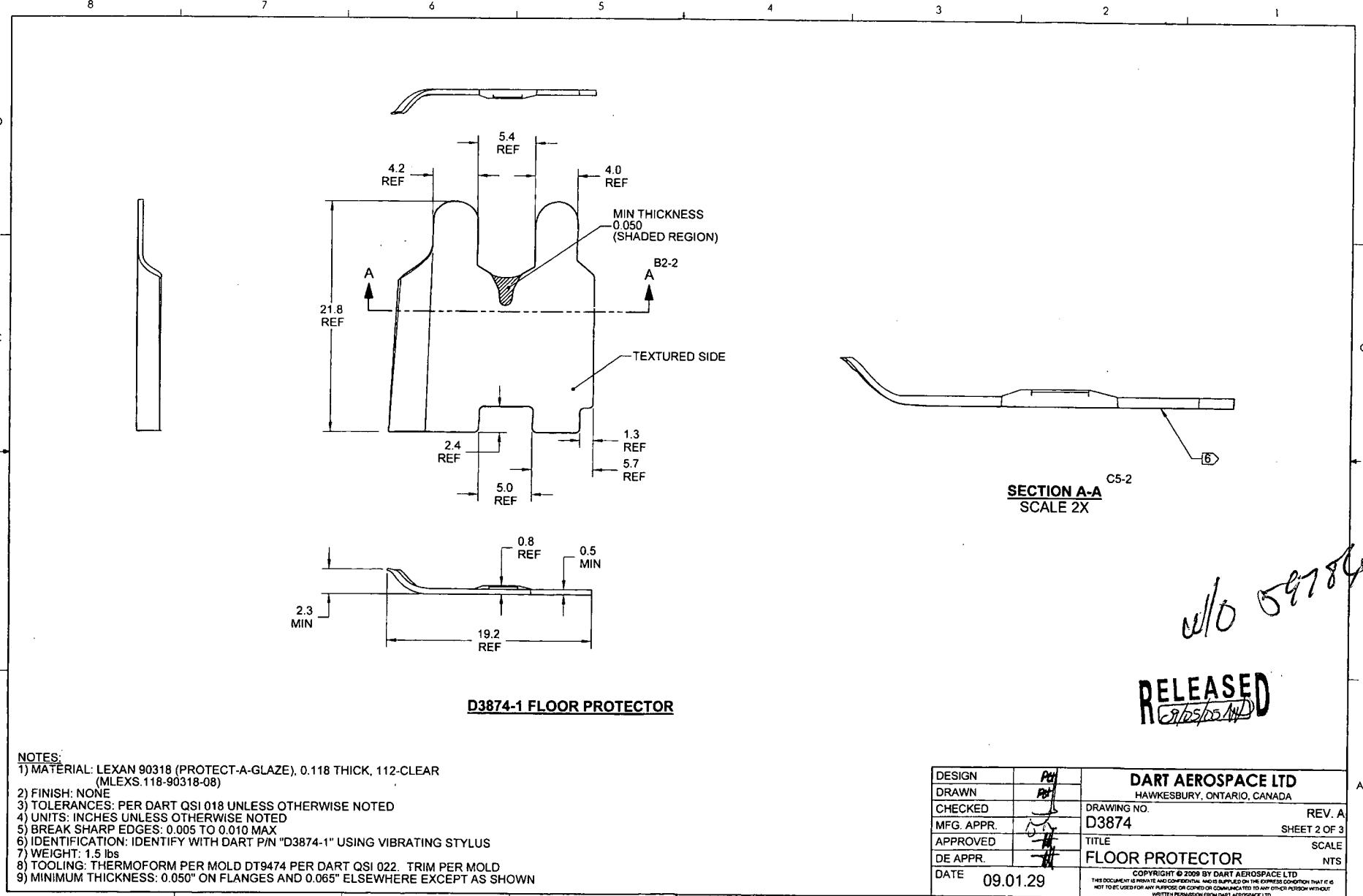
Date:

NA

Rev	Date	Change	Revised by	Approved
A	09.09.15	New Issue	KJ	

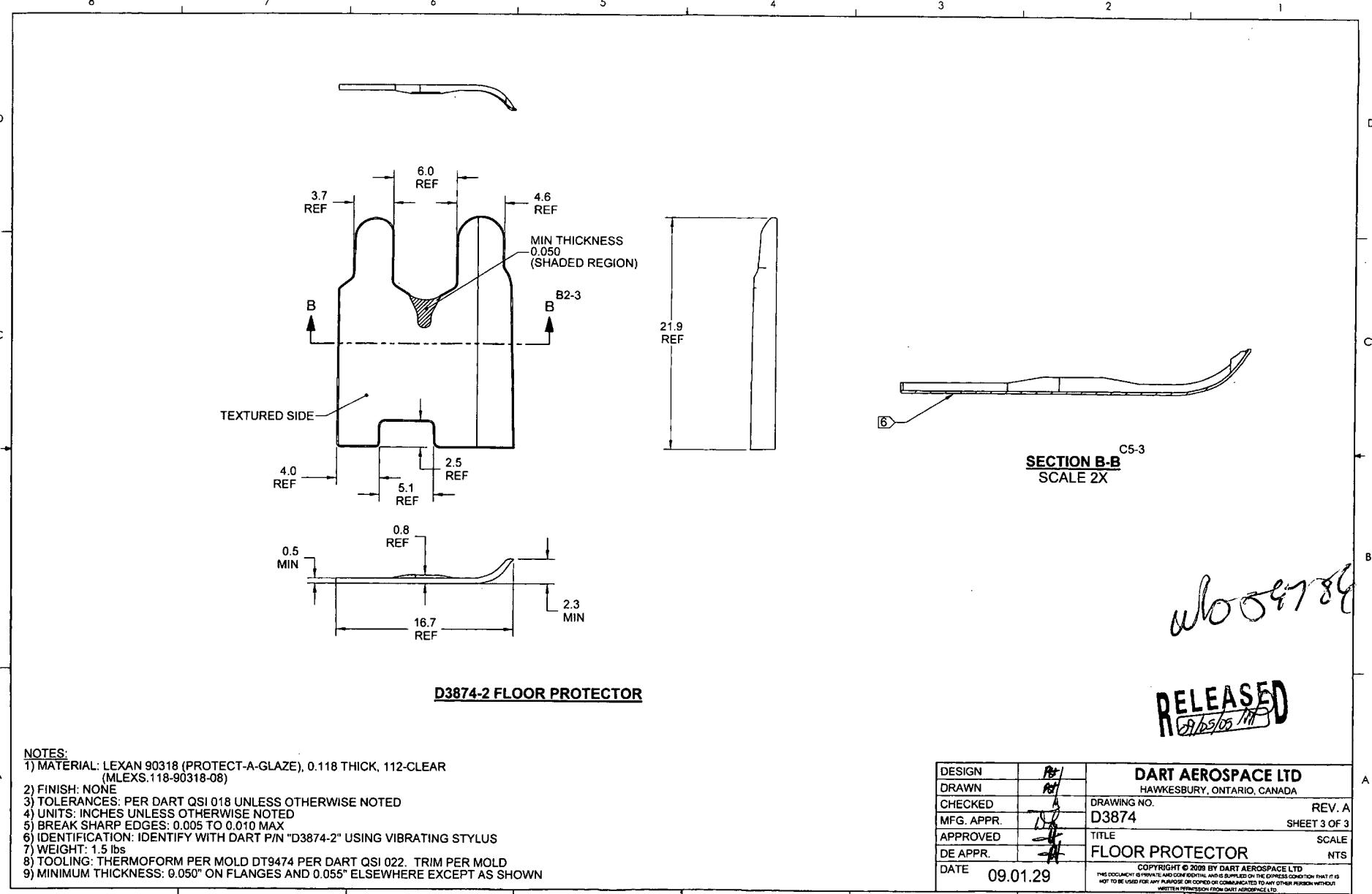
8 1 7 1 6 1 5 1 4 1 3 1 2 1





DESIGN	PAJ	DART AEROSPACE LTD
DRAWN	PAJ	HAWKESBURY, ONTARIO, CANADA
CHECKED		DRAWING NO. D3874
MFG. APPR.		REV. A
APPROVED		SHEET 2 OF 3
DE APPR.		TITLE FLOOR PROTECTOR
DATE 09.01.29		SCALE NTS

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**NOTES:**

1) MATERIAL: LEXAN 90318 (PROTECT-A-GLAZE), 0.118 THICK, 112-CLEAR  
(MLEXS.118-90318-08)

2) FINISH: NONE

3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED

4) UNITS: INCHES UNLESS OTHERWISE NOTED

5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX

6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3874-2" USING VIBRATING STYLUS

7) WEIGHT: 1.5 lbs

8) TOOLING: THERMOFORM PER MOLD DT9474 PER DART QSI 022. TRIM PER MOLD

9) MINIMUM THICKNESS: 0.050" ON FLANGES AND 0.055" ELSEWHERE EXCEPT AS SHOWN

## **D3874-2 FLOOR PROTECTOR**

DESIGN	<i>PSI</i>	DART AEROSPACE LTD		
DRAWN	<i>PSI</i>	HAWKESBURY, ONTARIO, CANADA		
CHECKED	<i>A</i>	DRAWING NO.	REV. A	
MFG. APPR.	<i>PSI</i>	D3874	SHEET 3 OF 3	
APPROVED	<i>PSI</i>	TITLE	SCALE	
DE APPR.	<i>PSI</i>	FLOOR PROTECTOR NTS		
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